

STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. BOX 2121
HONOLULU, HAWAII 96805-2121
Oahu (808) 586-7390
Toll Free 1(800) 295-0089
www.eutf.hawaii.gov

BOARD OF TRUSTEES
GEORGE KAHOOHANOHANO, CHAIRPERSON
DEREK MIZUNO, VICE-CHAIRPERSON
DEAN K. HIRATA, SECRETARY-TREASURER
LORETTA FUDDY
AUDREY HIDANO
EVERETT KANESHIGE
KAROLYN MOSSMAN
CELESTE Y.K. NIP
SUNSHINE P.W. TOPPING
CLIFFORD UWAINA


ADMINISTRATOR
BARBARA CORIELL

October 5, 2011

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
PREMIUM RATES EFFECTIVE January 1, 2012

IMPORTANT NOTES for RATES and EMPLOYEE PREMIUM COSTS
BARGAINING UNITS 2, 3, 4, 5, 6, 7, 8, 13
And All Retirees

TO: All Employees Covered by EUTF Plans in the Bargaining Units Noted Above and Retirees

FROM: Barbara Coriell, Administrator 

SUBJECT: Important Notes for Rates and Employee Premium Costs for Bargaining Units 2, 3, 4, 5, 6, 7, 8, 13 and All Retirees

As we start Open Enrollment this year there are several items which affect the EUTF rates and employee premium contributions which are still not final. We are including this note to help explain the rate pages which follow:

- 1. Prescription Drug Rates for PPO Plans:** As a result of the EUTF's recent procurement process the prescription drug coverage was awarded to CVS Caremark. However, a protest was filed which required that we halt all implementation work with CVS until the protest is resolved. In the interim we will keep the current drug carriers – informed Rx for the EUTF PPOs and HMSA for the HSTA VB PPOs. Rates for PPO drug coverage were set by the Board using CVS Caremark pricing. These are the rates which are included on the rate pages. We believe these will be the final drug rates for 2012. However, we must advise you that depending on the outcome of the protest / hearing process there is a possibility that the drug rates could rise. This does not affect the Kaiser plans, the Supplemental plans or the HMSA High Deductible Plan.
- 2. Employee Contributions:** The rate pages in this section show an employee and employer contribution share of 50%. This applies to BOTH the premium cost and the EUTF administration charge. We have been advised that Maui and Hawaii counties are

Memorandum to All Employees Covered by EUTF Plans in the Bargaining Units Noted Above and Retirees

October 5, 2011

Subject: Important Notes for Rates and Employee Premium Costs for Bargaining Units 2, 3, 4, 5, 6, 7, 8, 13 and All Retirees

Page 2

considering different employer contribution percentages. We will post those pages separately when they are confirmed.

3. **Retiree Premium Contribution:** This only applies to those retirees who pay part or all of the premium cost. This year we combined the retiree contribution worksheet with the rate page. Once you have selected the plans and the type of enrollment (i.e. Dental, Family) write those Total Monthly Contribution amounts from column 3 in column 4 and add up column 4. In the Employer Contribution box find the column for the percent of Employer Contribution that applies to you, and write that amount in the Employer Contribution box. Subtract this from the Total Contribution amount to find the amount of your monthly premium.

We apologize for the delay in providing rate information. We hope this memorandum and the rate pages will provide the cost information you need during Open Enrollment.

Enclosures

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND Premium Rates
ACTIVE EMPLOYEES with 50 / 50 Premium Split - Except BU 12

HSTA Members: See also page HSTA VB

Effective January 1, 2012 through June 30, 2013					
MEDICAL PLANS	Type of Enrollment	Total Premium Rate	EUTF Admin Fee	Total Monthly Contribution Required	MONTHLY EMPLOYEE PREMIUM CONTRIBUTION
HMSA 90/10 PPO RSN Chiro No Rx	Single 2 Party Family	342.88 831.76 1060.13	2.16 4.48 6.55	345.04 836.24 1066.68	172.52 418.12 533.34
HMSA 80/20 PPO RSN Chiro No Rx	Single 2 Party Family	327.24 793.78 1011.71	2.16 4.50 6.57	329.40 798.28 1018.28	164.70 399.14 509.14
Rx Only - PPO Plans NOTE: Rx Rates could increase depending on result of protest	Single 2 Party Family	60.80 147.76 188.28	0.60 1.28 1.88	61.40 149.04 190.16	30.70 74.52 95.08
NOTE:	Remember to add Drug Coverage cost to PPO Medical cost to determine the full cost of your plan.				
HMSA HMO RSN Chiro, Includes Rx	Single 2 Party Family	450.00 1092.04 1391.85	2.76 5.76 8.43	452.76 1097.80 1400.28	226.38 548.90 700.14
HMSA High Deductible Health plan (HDHP) Includes Rx, no Chiro	Single 2 Party Family	339.64 824.44 1051.42	2.76 5.76 8.38	342.40 830.20 1059.80	171.20 415.10 529.90
Kaiser Basic HMO RSN Chiro, Includes Rx	Single 2 Party Family	376.70 914.74 1166.37	2.74 5.78 8.43	379.44 920.52 1174.80	189.72 460.26 587.40
Kaiser Comprehensive HMO RSN Chiro, Includes Rx	Single 2 Party Family	432.06 1049.30 1338.05	2.74 5.78 8.43	434.80 1055.08 1346.48	217.40 527.54 673.24
HMSA Supplemental Plan (Coinsurance Plan) RSN Chiro, Includes Supp. Rx	Single 2 Party Family	206.28 500.36 637.37	2.76 5.76 8.43	209.04 506.12 645.80	104.52 253.06 322.90
Royal State Supplemental (Copay Plan) RSN Chiro, Includes Supp. Rx	Single 2 Party Family	40.67 101.03 112.29	2.77 5.77 8.43	43.44 106.80 120.72	21.72 53.40 60.36
DENTAL PLAN HDS Dental	Single 2 Party Family	28.84 57.68 94.88	0.32 0.64 0.96	29.16 58.32 95.84	14.58 29.16 47.92
VISION PLAN VSP Vision	Single 2 Party Family	5.96 11.04 14.42	0.08 0.12 0.18	6.04 11.16 14.60	3.02 5.58 7.30
LIFE INSURANCE Royal State National	Employee	4.16		4.16	0

Note: 50% employer and 50% employee contributions apply to all rates and INCLUDE the EUTF admin fee (HGEA, HSTA, UHPA)

All Employee contributions subject to change as a result of collective bargaining agreements
Prescription drug rates will not be final until the resolution of the procurement protest hearing .

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND Premium Rates

HSTA VB PLANS - For HSTA Members who were enrolled in an HSTA VEBA Medical Plan
and who are currently enrolled in an HSTA VB Plan

Effective January 1, 2012 through June 30, 2013					MONTHLY EMPLOYEE PREMIUM CONTRIBUTION
MEDICAL PLANS	Type of Enrollment	Total Premium Rate	EUTF Admin Fee	Total Monthly Contribution Required	50/50 Premium Split (See Note below)
HMSA HSTA VB 90/10 PPO RSN Chiro, Includes Rx & VSP Vision	Single	472.66	2.82	475.48	237.74
	2 Party	1143.25	5.87	1149.12	574.56
	Family	1457.61	8.59	1466.20	733.10
HMSA HSTA VB 80/20 PPO RSN Chiro, Includes Rx & VSP Vision	Single	324.44	2.80	327.24	163.62
	2 Party	783.57	5.91	789.48	394.74
	Family	998.89	8.59	1007.48	503.74
Kaiser HSTA VB Comprehensive HMO RSN Chiro, Includes Rx & VSP Vision	Single	386.06	2.82	388.88	194.44
	2 Party	933.94	5.90	939.84	469.92
	Family	1191.15	8.61	1199.76	599.88
HMSA HSTA VB Supplemental Plan (Coinsurance Plan) RSN Chiro, Includes Supp. Rx & HMSA Vision	Single	300.14	2.82	302.96	151.48
	2 Party	724.40	5.88	730.28	365.14
	Family	923.73	8.59	932.32	466.16
DENTAL PLAN HDS Dental	Single	28.84	0.32	29.16	14.58
	2 Party	57.68	0.64	58.32	29.16
	Family	94.88	0.96	95.84	47.92
Dental - Supplemental Plan HDS Dental	Single	15.32	0.32	15.64	7.82
	2 Party	30.64	0.68	31.32	15.66
	Family	45.96	0.96	46.92	23.46
VISION PLAN Note: Vision included VSP Vision in Medical plans	Single	5.96	0.08	6.04	3.02
	2 Party	11.04	0.12	11.16	5.58
	Family	14.42	0.18	14.60	7.30
LIFE INSURANCE Royal State National	Employee	4.16		4.16	0

Note 1: 50% employer and 50% employee contributions apply to all rates and EUTF admin fee

All Employee contributions are subject to change as a result of collective bargaining agreements
Prescription drug rates which are part of the PPO medical rates will not be final until the resolution of the
procurement protest hearing .

Rev. 10/05/11

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND Premium Rates

RETIREE - NON MEDICARE

Effective January 1, 2012 through December 31, 2012					Column 4
Please select only 1 Medical / Rx plan.					Retiree Premium Contribution See Note Below
MEDICAL PLANS	Type of Enrollment	1 Total Premium Rate	2 EUTF Admin Fee	3 Total Monthly Contribution Required	Write in amount from column 3 for each coverage selected.
HMSA 90/10 PPO No Rx	Single	379.23	2.13	381.36	
	2 Party	738.96	4.48	743.44	
	Family	1095.53	6.51	1102.04	
Rx Only - PPO Plan NOTE: Rx Rates could increase depending on result of protest	Single	109.56	0.60	110.16	
	2 Party	213.36	1.28	214.64	
	Family	316.36	1.88	318.24	
Kaiser Comprehensive HMO Includes Rx	Single	657.04	2.76	659.80	
	2 Party	1281.20	5.76	1286.96	
	Family	1898.76	8.40	1907.16	

FORMER HSTA VEBA MEMBERS ONLY

HMSA HSTA VB 90/10 PPO Includes Rx & VSP Vision RSN Chiro	Single	515.55	2.81	518.36	
	2 Party	1004.79	5.89	1010.68	
	Family	1487.08	8.60	1495.68	
Kaiser HSTA VB Comprehensive HMO Includes Rx & VSP Vision RSN Chiro	Single	677.23	2.81	680.04	
	2 Party	1320.91	5.89	1326.80	
	Family	1955.03	8.61	1963.64	

DENTAL PLAN HDS Dental	Single	28.58	0.30	28.88	
	2 Party	55.66	0.66	56.32	
	Family	68.30	0.94	69.24	
VISION PLAN Included in HSTA VB VSP Vision Medical above	Single	5.06	0.06	5.12	
	2 Party	10.12	0.12	10.24	
	Family	13.59	0.17	13.76	
LIFE INSURANCE Royal State National	Employee	4.16			0

RETIREE CONTRIBUTION CALCULATION - for those who pay a portion of the premium

NOTE:
The Calculation Column 4 is provided for those retirees who pay a portion of the total premium based on date of hire and years of service.

TOTAL RETIREE PREMIUM AMOUNT:
(Add amounts in column 4)

TOTAL EMPLOYER MONTHLY CONTRIBUTION

1/1/2012 Base Monthly Contribution	EMPLOYER Contribution % of BMC		
	75%	50%	0%
Single	771.50	578.62	385.74
2 Party	1555.06	1166.30	777.52
Family	2276.03	1707.02	1138.00

EMPLOYER Contribution Amount:
(Select the amount from the table above)

AMOUNT YOU OWE Monthly:
(Subtract Employer amount from Total Retiree Amount)

NOTE: Prescription drug rates which are part of the PPO medical rates will not be final until the resolution of the procurement protest hearing .

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND Premium Rates

RETIREE - MEDICARE

Effective January 1, 2012 through December 31, 2012					Column 4
Please select only 1 Medical / Rx plan.					Retiree Premium Contribution See Note Below
MEDICAL PLANS	Type of Enrollment	1 Total Premium Rate	2 EUTF Admin Fee	3 Total Monthly Contribution Required	Write in amount from column 3 for each coverage selected.
HMSA 90/10 PPO No Rx	Single	175.88	2.12	178.00	
	2 Party	342.75	4.49	347.24	
	Family	508.13	6.51	514.64	
Rx Only - PPO Plan NOTE: Rx Rates could increase depending on result of protest	Single	203.54	0.62	204.16	
	2 Party	396.31	1.29	397.60	
	Family	587.58	1.86	589.44	
Kaiser Senior Advantage Includes Rx	Single	362.76	2.76	365.52	
	2 Party	707.32	5.76	713.08	
	Family	1048.24	8.40	1056.64	

FORMER HSTA VEBA MEMBERS ONLY

HMSA HSTA VB 90/10 PPO Includes Rx & VSP Vision RSN Chiro	Single	393.79	2.81	396.60	
	2 Party	767.51	5.89	773.40	
	Family	1135.24	8.60	1143.84	
Kaiser HSTA VB Senior Advantage Includes Rx & VSP Vision RSN Chiro	Single	376.75	2.81	379.56	
	2 Party	734.99	5.89	740.88	
	Family	1086.71	8.61	1095.32	

DENTAL PLAN HDS Dental	Single	28.58	0.30	28.88	
	2 Party	55.66	0.66	56.32	
	Family	68.30	0.94	69.24	
VISION PLAN Included in HSTA VB VSP Vision Medical above	Single	5.06	0.06	5.12	
	2 Party	10.12	0.12	10.24	
	Family	13.59	0.17	13.76	
LIFE INSURANCE Royal State National	Employee	4.16			0

RETIREE CONTRIBUTION CALCULATION - for those who pay a portion of the premium

NOTE:
The Calculation Column 4 is provided for those retirees who pay a portion of the total premium based on date of hire and years of service.

TOTAL RETIREE PREMIUM AMOUNT:
(Add amounts in column 4)

TOTAL EMPLOYER MONTHLY CONTRIBUTION

1/1/2012 Base Monthly Contribution	EMPLOYER Contribution % of BMC		
	75%	50%	0%
Single	549.59	412.18	274.78
2 Party	1101.52	826.14	550.76
Family	1604.36	1203.26	802.18

EMPLOYER Contribution Amount:
(Select the amount from the table above)

AMOUNT YOU OWE Monthly:
(Subtract Employer amount from Total Retiree Amount)

NOTE: Prescription drug rates which are part of the PPO medical rates will not be final until the resolution of the procurement protest hearing .